Provider Application Form

Provider Information:

Provider (Company) Name ____________________________ Website address: ________________________________

Contact Name: __________________ Phone: _______________ E-mail: ________________________________

Activity: __________________________

Title: __________________________________________________________

Knowledge/skills: ____________________________________________

(What knowledge/skills are attendees intended to take away from this program?)

Location: __________________ City: __________________ State: Oregon

Target Audience:

__ Foresters   __ Landowners   __ Loggers
__ Natural Resource Professionals __ Forestry Technicians  __ Others

This program is a:

___ Workshop/Seminar   ___ SAF meeting   ___ Field Trip   ___ Videoconference
___ Conference   ___ Lecture   ___ Self study

Program duration:

___ Single day event w/o field trip   ___ Multi day event w/o field trip   ___ Event repeated more than once
___ Single day event w/ field trip   ___ Multi day event w/ field trip

Options:

___ No options   ___ Field trip(s) optional   ___ Other options

Agenda: give complete agenda including all items below – use additional sheet if necessary

Date(s) of the event:

Speaker, Credentials:

Start/end time for each session:

Start/end time for each break:

Presentation title

Return this email to:  rrjohnson@cybernet1.com